Published for Public Comment
February 15, 2006 to April 19, 2006

The Team-Based Early Intervention Services

Arizona Early Intervention Program

Proposed Effective Date: July 1, 2006

Write a single, team evaluation and assessment report that synthesizes information from all team members; facilitate review and finalization process, including signatures

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[TO BE INSERTED]

9.0.0 Team-Based Early Intervention Services

9.1.0 Authority: 20 U.S.C §§ 1431, et seq.; 34 CFR 303.1, et seq.; A.R.S. §8-651

9.2.0 Introduction

The role of AzEIP is to support the confidence and competence of the family and caregivers to enhance the child's participation in family and community life, social relationships, and promote their child's growth and development. AzEIP understands and supports children's development from a holistic perspective that considers how children's developmental capabilities across domains impact the child's ability to engage

AzEIP policies and procedures for providing early intervention services to children and families are aligned with two fundamental facts:

1. Development is an integrated process that is shaped by the dynamic and continuous interaction between biology and experience (Shonkoff and Phillips, 2000). Early childhood research overwhelmingly indicates that development is a highly integrated process, rather than a series of discrete, sequential steps.

2. Children learn about themselves and the world around them within the context of their everyday interactions, routines, and activities. Children's developmental processes impact how they interact with, and function in, their family and community life.

9.3.0 Scope

~~9.3.2~~The policies and procedures described herein apply to the activities and practices of the Department of Economic Security's Arizona Early Intervention Program (DES/AzEIP) and the Division of Developmental Disabilities (DES/DDD) and the personnel (employed or contracted) who provide early intervention services to children who are eligible for DES/AzEIP (a.k.a. AzEIP only) and/or DES/DDD. Please note that policies and procedures for children who are eligible for the Arizona State Schools for the Deaf and the Blind (ASDB) and the Arizona Department of Health Services/Office for Children with Special Health Care Needs (ADHS/OCSHCN), are described separately. ASDB and ADHS/OCSHCN, as AzEIP service providing agencies, are referenced throughout this section to highlight the importance of coordination with both.

9.4.0 The Team-Based Model for the Provision of Specified Early Intervention Services

9.4.1 Policy

1. The Arizona Early Intervention Program adheres to a team-based model for the provision of early intervention services.
2. Service coordinators are a regular, functioning member of the team.

9.4.2 Implementation Procedures

1. Through the DDD qualified vendor system, the qualified vendor procures early intervention services from the following disciplines in order to implement the AzEIP team-based model. Each team must have representation and participation of the following disciplines:
    - occupational therapist,
    - physical therapist,
    - speech-language pathologist, and
    - special instruction provider (a.k.a. early interventionist or developmental specialist)

2. The individual from each discipline above must be able to act as a team lead and may also act as a service coordinator, fulfilling dual role (i.e. team lead and service coordinator) responsibilities.
3. The service coordinator is always a member of the core team. The service coordinator may be (i) employed by DDD; (ii) employed by the Arizona State Schools for the Deaf and the Blind (ASDB), (iii) employed or contracted by the Arizona Department of Health Services/Office for Children with Special Health Care Needs (ADHS/OCSHCN), or (iv) employed or contracted by the Qualified Vendor.
4. The qualified vendor must have the capacity to provide service coordination for children who are eligible for AzEIP only and their families and for children who are eligible for DDD and whose families choose the qualified vendor to provide service coordination after the development of the initial IFSP.
5. While every family must have a designated service coordinator, the service coordinator will not act as the team lead unless they are one of the disciplines noted in #1.
6. The qualified vendor has access to psychological and social worker services as needed by the IFSP and core teams. These two disciplines are not considered part of the "core team" and will not act as team leads. Their expertise, however, must be available to support team leads and the IFSP team within the scope of the qualified vendor agreement for early intervention services.
7. Other early intervention services identified under IDEA, Part C will be accessed by the service coordinator outside of the core team/qualified vendor for early intervention services under the AzEIP team-based model.

9.5.0 Referral

9.5.1 Policy

1. Any referral source may refer directly to DDD and ASDB.
2. A referral to DDD or ASDB, as AzEIP service providing agencies, shall constitute a referral to AzEIP. Therefore, the date of referral shall be recognized by all AzEIP personnel, employed or contracted, as the single referral date upon which all IDEA, Part C timelines are based.
3. Once AzEIP receives a referral, DDD or ASDB shall appoint a Service Coordinator.
4. The service coordinator will complete a referral feedback letter and send it to the referral source. This letter will acknowledge receipt of the referral and describe the general steps taken in response to the referral.
5. For children who are approaching their third birthday or are over the age of three at the time of referral, the DDD or ASDB representative who receives the

referral will follow the procedures outlines in the Child Find Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education (Child Find IGA). See Section __, *Child Find and Public Awareness.* If referred to DDD, the DDD representative will also follow the DDD procedures related to eligibility for individuals over the age of three years old.

9.5.2 Implementation Procedures

1. DDD maintains a statewide referral number to which all referrals, except those made directly to ASDB, are made. DDD has designated individuals who will respond to referrals statewide, and forward, as appropriate, referral information to the local DDD office.
2. Designated individuals within DDD receive statewide referrals *via* phone, mail, fax, etc. Referrals may be received from families, physicians, hospitals, and others in the medical community, schools, childcare providers and other referral sources.
3. The DDD representative who receives referral contacts the family within two (2) working days of the initial referral to confirm receipt of the referral, briefly describe the purpose of early intervention and the early intervention process, verify family interest in early intervention, and if interested, explore if the family has a preference for qualified vendors in the family's area.
4. The DDD representative enters all initial referral information into FOCUS.
5. Within one business day, the DDD representative transmits referral information and any additional information from the conversation to the local DDD office and the qualified vendor identified either through family choice or, in the absence of family preference, auto-assignment.
6. The local DDD office designates a service coordinator to fulfill all service coordination responsibilities during the Initial Planning Process. DDD staff will provide service coordination during the initial planning process and, if selected by the family, may do so after the development of the initial IFSP. Therefore, the DDD service coordinator(s) dedicated to a region are also part of the qualified vendor's core team in that region.
7. Via phone, email or fax, the local DDD office provides the qualified vendor with the name and contact information of the designated service coordinator within two business days.
8. In the event that the local DDD office and/or qualified vendor receive a referral for a child who resides outside the designated region, the recipient shall notify the DDD statewide referral representative within two business days of receipt.

9.6.0 Designation of the Team Lead

9.6.1 Policies

1. The AzEIP qualified vendor team shall designate a team lead based on the person with the expertise (i.e. physical therapy, speech therapy, special instruction or occupational therapy) most immediately relevant to the priorities and needs of the family at the time of referral, or if eligible, the outcomes on the IFSP and the fit of the team member with the child and family.
2. The team lead facilitates planning and conducting evaluation and assessment activities as components of the initial planning process and, if eligible, the development and implementation of the Individualized Family Service Plan (IFSP).
3. The team lead maintains a holistic perspective of the child's development and, if eligible, progress toward IFSP outcomes, by synthesizing information and integrating strategies from all team members to ensure that early intervention is functional and meaningful for families.
4. The team lead is the primary contact with the service coordinator to ensure information sharing among all team members.

9.6.2 Implementation Procedures

1. The qualified vendor reviews referral information and, if needed, clarifies the reasons for referral and the family's concerns and priorities with the DDD representative and/or family.

1. The AzEIP qualified vendor shall establish procedures to ensure that the team lead based with the expertise and fit with the family is chosen. The determination of team lead may not be based solely on an area of developmental delay, but should include other variables, such as the family's interests and routines. For example, if a family contacts AzEIP with concerns about their son's delay in walking and express concerns about his participation in the neighborhood childcare setting, the team may designate the developmental specialist who has a particular expertise in working with childcare centers and/or a relationship with that center.
2. The qualified vendor representative who receives the referral should review all available information with the team, or at a minimum, the team members suspected as being a potential fit. In the example above, the representative who receives the referral should consult with the physical therapist and the developmental specialist before the team lead is designated.
3. If the child becomes eligible for AzEIP, the IFDP team, after identification of outcomes, will determine which team member will be the team lead. Once identified, the team lead will facilitate implementation of the IFSP, as described in Section 9.13.0.
4. The team lead may change with the family's priorities, but change of the team lead should be infrequent, such as when a family member requests a change due to a personality conflict or when the team lead believes that even with

assistance from other team members, he or she is ineffective in supporting the family.

9.7.0 Identification of Children Suspected of Having a Developmental Disability or Delay

9.7.1 Policy

1. Based on developmental screening, observation, discussion with the family and review of pertinent medical and/or developmental records, the team lead will determine if the child is suspected of having a developmental delay or disability as defined by the eligibility criteria for the Arizona Early Intervention Program and other AzEIP service providing agencies.
2. Children who are suspected of having a developmental delay or disability shall, with parental consent, receive a comprehensive, multidisciplinary evaluation to determine eligibility
3. Children who are known to have an established condition that makes the child automatically eligible for AzEIP shall, with parental consent, receive a comprehensive assessment to support the development of the initial Individualized Family Service Plan IFSP)..

9.7.2 Implementation Procedures

1. The team lead meets with the family in their home or other location identified by the family within ten (10) working days of the initial referral to discuss the purpose of early intervention and to explore the priorities and concerns of the family. The team lead coordinates scheduling with the designated DDD (and ASDB, or ADHS/OCSHCN, if appropriate) service coordinator. The DDD service coordinator should participate with the team lead in the initial meeting with the family.
2. If needed, the team lead will conduct developmental screenings to determine if the child is suspected of having a developmental delay or disability as defined by the eligibility criteria for the Arizona Early Intervention Program and other AzEIP service providing agencies.
3. Screening tools shall be approved by DES/AzEIP.
4. The service coordinator will explain his/her role to the family and assist in identifying potential community resources, depending upon the family's expressed interests and needs to the family.
5. If, based on the screening, observation, discussion with the family and review of pertinent medical and/or developmental records, the child is not suspected of having a developmental delay or disability, the team lead will inform the family, service coordinator (if not present), and other team members that information does not substantiate the need for evaluation to determine eligibility.

6. The service coordinator will explore other community resources with the family to assist in obtaining information and support related to their child's development, such as contacting the primary care physician or other healthcare providers.
7. The service coordinator will provide the family with prior written notice, verbally and in writing, indicating that AzEIP will not proceed with evaluation. See Section __, *Procedural Safeguards.* The service coordinator also includes information for the family, in the Notice, related to potential community resources and/or activities available to the family.
8. The service coordinator enters data that the child is not eligible into the data system and enters "close the file."
9. If screening, observation, discussion with the family and/or review of available records indicate that the child is suspected of having a developmental delay, the team lead shall describe to the family the evaluation process and their procedural safeguards, including dispute resolution procedures, confidentiality, and the family's rights to inspect and copy records.
10. If the family is interested in proceeding, the team lead obtains written consent from the parent or legal guardian to (i) conduct the evaluation and (ii) request or release information.
11. The team lead forwards the signed consents to the service coordinator.
12. If the child is a ward of the state, the service coordinator shall follow the surrogate parent procedures to identify an appropriate representative to sign the consents on behalf of the child, which includes communicating with the Child Protective Services worker and the biological and/or foster parent, as appropriate. See Section __, *Procedural Safeguards.*
13. With appropriate consent, the service coordinator obtains pertinent medical, health, developmental, and other records that may support a decision of eligibility and/or IFSP planning.
14. The team lead and the service coordinator shall discuss the family's potential eligibility for another AzEIP service providing agency. If the child is possibly eligible for another AzEIP service providing agency, the service coordinator will contact the local representative/service coordinator from that AzEIP service providing agency to involve him/her in evaluation planning.

9.8.0 Evaluation

9.8.1 Policy

1. Evaluations will be conducted by personnel who have been trained to use appropriate methods and procedures. Evaluation will be based on informed clinical opinion, and will include the following:

   A. a review of pertinent records related to the child's current health status and medical history; and
   B. an evaluation of the child's level of functioning in each of the following developmental areas:
      (1) cognitive development
      (2) physical development, including vision and hearing
      (3) communication development
      (4) social or emotional development
      (5) adaptive development

2. Evaluation:

   A. is completed within 45-days of referral to AzEIP as described in CFR §303.321;
   B. is comprehensive and multidisciplinary;
   C. uses tests and other evaluation materials that are administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
   D. uses procedures and materials that are selected and administered so as not to discriminate on the basis of race or culture;
   E. is conducted by qualified personnel who are trained to evaluate/assess children from birth through 36 months;
   F. is based on more than a single procedure as the criterion for determining a child's eligibility; and
   G. incorporates parental input, including input regarding their child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate.

3. AzEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings.

4. The evaluation tools and process will include the tool and/or process required by the State to measure child outcomes.

5. Evaluation instruments shall be approved by DES/AzEIP.

9.8.2 Implementation Procedures

1. A multidisciplinary evaluation team, which is the team lead and at least one other member of the core team representing a different discipline than the team lead, shall conduct the evaluation.
2. The service coordinator discusses with the family other available information and records which potentially could assist in determining eligibility and, with the appropriate consents, assists in gathering the information.
3. The multidisciplinary evaluation team, the DDD service coordinator, family, and, if involved, local AzEIP service providing agency representative, will review all available information and records, and determine what information is still needed to determine eligibility for AzEIP and the other AzEIP service providing agencies.
4. For children who are suspected of having a developmental delay, evaluation shall be designed to (1) support a simultaneous decision of eligibility for AzEIP and AzEIP service providing agencies, and (2) incorporate multiple information sources (records, evaluation tools, informed clinical opinion, observation etc.).
5. The multidisciplinary evaluation team shall conduct evaluation as designed during the planning process above.
6. If exceptional circumstances make it impossible to complete the evaluation within 45-days, the service coordinator shall document the circumstances (in contact notes or in database) and the expected date for completion of the evaluation. Exceptional circumstances are events initiated and/or undertaken by the family, such as a move to a different region or a family member's illness.
7. The multidisciplinary evaluation team will document the results of the evaluation, including the synthesis of information from each of the tools used.
8. The multidisciplinary evaluation team will share the results of the evaluation with the family, the DDD service coordinator and, if involved, the local AzEIP service providing agency representative.

9.9.0 Eligibility Determination

9.9.1 Policy

1. Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
   A. A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
      - physical: fine and/or gross motor and sensory (includes vision and hearing);

- cognitive;
- language/communication;
- social or emotional; or
- adaptive (self-help).

B. Established conditions that have a high probability of developmental delay include, but are not limited to:

- chromosomal abnormalities
- metabolic disorders
- hydrocephalus
- neural tube defects (*e.g.*, spinal bifida)
- intraventricular hemorrhage, grade 3 or 4
- periventricular leukomalacia
- cerebral palsy
- significant auditory impairment
- significant visual impairment
- failure to thrive
- severe attachment disorders

2. The State's definition of "eligible child" does not include children who are at risk of having substantial delays if early intervention services are not provided.

3. No single procedure or source of information shall be used as the sole criterion for determining a child's eligibility for AzEIP. Children with an established condition that meet the eligibility criteria shall have an evaluation to determine the child's developmental status.

4. Informed clinical opinion is used in determining a child's eligibility for AzEIP and is especially important if there are no standardized measures or if the standardized procedures are not appropriate for a given age or developmental area.

9.9.2 Implementation Procedures

1. The multidisciplinary evaluation team will review the results of the evaluation and, along with the service coordinator, make a decision about eligibility for AzEIP. The tools used must be interpreted as designed. Generally, two standard deviations below the mean equates to a 50% delay. Informed clinical opinion must also be considered.

2. The multidisciplinary evaluation team will also make a recommendation of eligibility for DDD. If the DDD service coordinator disagrees with the recommendation, s/he will elevate the issue to the DDD eligibility coordinator or designee for resolution within five (5) working days of the notice. The DDD service coordinator shall inform their supervisor at the same time that they elevate the issue to the DDD eligibility coordinator or designee. The service coordinator supervisor is not an interim step in the review process.

3. If the child is determined not eligible for AzEIP or any AzEIP service providing agency, the DDD service coordinator:

   A. talks with the family and provides prior written notice indicating that the State has determined that the child has not met the eligibility criteria and explaining the reasons for the determination;

   B. explores with the family other community resources and activities to assist them in supporting their child and family needs; and

   C. enters the data and "close the file" in FOCUS.

4. If the family disagrees with the multidisciplinary evaluation team's decision of AzEIP eligibility, the family may initiate the dispute resolution process (i.e. mediation, due process or system complaint) as described by their procedural rights and safeguards.

5. If the child is determined eligible for AzEIP, the multidisciplinary evaluation team continues the assessment process, which focuses on information gathering to support the development of the initial IFSP.

6. The DDD service coordinator will enter evaluation and eligibility data into FOCUS.

7. If the child is eligible for DDD, the DDD service coordinator is part of what becomes the IFSP team. The DDD service coordinator's role may change if, after development of the IFSP, the family chooses to receive service coordination through the qualified vendor.

8. If the child is eligible for AzEIP, but not eligible for DDD, the DDD service coordinator will inform the family and enter evaluation and eligibility data into FOCUS. The team lead will then:

   A. assume service coordination responsibilities until the development of the IFSP, at which time a service coordinator will be identified; and

   B. be responsible to enter data into FOCUS relevant to the period between the decision of ineligibility for DDD and development of the IFSP.

9.10.0 Assessment

9.10.1 Policy

1. Assessments are conducted by personnel who have been trained to use appropriate methods and procedures. Assessment will be based on informed clinical opinion, and will include the following:

   A. a review of pertinent records related to the child's current health status and medical history;
   B. an evaluation of the child's level of functioning in each of the following developmental areas:
      (1) cognitive development
      (2) physical development, including vision and hearing

(3) communication development
(4) social or emotional development
(5) adaptive development; and

C. an assessment of the unique needs of the child in terms of each of the developmental areas listed above, including the identification of services appropriate to meet those needs.

3. Assessment:

A. is conducted within 45 days of referral to AzEIP as described in CFR §303.421;
B. administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
C. uses procedures and materials are selected and administered so as not to discriminate on the basis of race or culture;
D. is conducted by qualified personnel who are trained to evaluate/assess children from birth through 36 months;
E. is shaped by family priorities for their child, as well as by child characteristics and diagnostic concerns;
F. is conducted within the settings, activities and under circumstances that have been selected by the family as most appropriate for their child (i.e., where their child will do best); and
G. incorporates parental input, including input regarding their child's functional abilities and current level of participation in the settings and activities that the family identifies as natural or typical for the child and family, including home, neighborhood, and community settings in which children without disabilities participate and other input (as selected by the family), including child care providers, grandparents, extended family members, friends, siblings.

2. AzEIP is not responsible for costs the family incurs in seeking a second opinion on assessment findings.

3. A voluntary family assessment may be conducted if it is:

A. family-directed;
B. designed to determine the resources, priorities and concerns of the family and to identify the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child;
C. assists to identify the needs of each child's family to appropriately assist in the development of the child;
D. conducted by personnel trained to utilize appropriate methods and procedures; and
E. based on information provided by the family through a personal interview, and incorporate the family's description of their resources, priorities and concerns related to enhancing the child's development.

4. Assessment tools shall be approved by DES/AzEIP.

5. A developmental assessment will be conducted at least annually or more frequently, if needed, to support IFSP planning, gather information related to child outcomes and/or for transition.

9.10.2 Implementation Procedures

1. Assessment procedures shall reflect development as an integrated process that is shaped by the dynamic and continuous interaction between biology and experience and consider how the child's developmental capabilities across domains impact the child's ability to:

   A. engage or participate,
   B. develop social relationships, and
   C. be independent within the context of their daily routines, activities and interactions.

2. The multidisciplinary team, parents, and if eligible, the service coordinators from DDD and/or ASDB will review all available information and records and determine what information is still needed to develop of the IFSP. The team shall identify the best people to gather the information and how it will be gathered.
3. The team lead facilitates and documents on-going discussions with the family throughout enrollment about their priorities, resources, and concerns relevant to their child's development. Discussion of family priorities, resources and concerns is voluntary and family-directed.
4. Assessment is this ongoing process of gathering information about family priorities and the child's development though observation, discussions with family and other caregivers about emerging skills and changing priorities, tracking developmental progress and identifying new strategies to support the child's participation and independence.
5. The team lead gathers information from multiple sources in order to support IFSP development, and once developed, assesses and document progress toward IFSP outcomes. Those sources may include:

   A. observation of the child engaged in spontaneous, child-directed play with caregivers;
   B. structured, adult-directed play;
   C. play with other team members;
   D. formal assessment procedures;
   E. review of developmental and medical records; and
   F. family report.

6. The team lead shall work with a multidisciplinary evaluation team to develop a comprehensive, integrated summary of the child's development and shall include:

   A. a review of pertinent records related to the child's current health status and medical history,

B. evaluation data, and
C. assessment of the unique strengths and needs of the child in each of the following developmental areas:

(1) cognitive development;
(2) physical development, including vision and hearing;
(3) communication development;
(4) social-emotional development; and
(5) adaptive development.

7. If exceptional circumstances make it impossible to complete the assessment in 45 days, the service coordinator shall document the circumstances and the expected date for completion of the assessment. Exceptional circumstances are events initiated and/or undertaken by the family, such as a move to a different region or a family member's illness.

9.11.0 Development of the Individualized Family Service Plan

9.11.1 Policy

1. Within 45 days of the original referral date to AzEIP , the IFSP team shall hold the initial IFSP meeting as described in CFR §303.342.
2. The IFSP process and the services and supports needed and received by a child who is AzEIP eligible and the child's family shall reflect cooperation, coordination, and collaboration among all agencies providing early intervention services.
3. Arrangements for the IFSP and written notice of the meeting must be provided to the family in writing early enough before the meeting date to ensure that the family is able to attend. If the family is unable to attend, the IFSP meeting shall be canceled and reschedule to ensure family participation.
4. Participation in each initial and annual IFSP must include:

A. the parent(s) or legal guardian of the child;
B. other family members, if requested by the parent(s);
C. an advocate or any other person outside of the family, if requested by the parent(s);
D. the designated service coordinator;
E. person(s) directly involved in conducting the assessments/evaluations; and
F. person(s) who will be providing services, if appropriate.

5. If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

A. participating in a telephone conference call;
B. having a knowledgeable authorized representative attend the meeting; or
C. making pertinent records available at the meeting.

6. The IFSP must:

   A. be developed jointly by the family and appropriate, qualified persons involved in the provision of early intervention services;
   B. be based on the multidisciplinary assessment/evaluation of the child, and on the family's identified priorities, resources and concerns;
   C. include services necessary to enhance development of the child and the capacity of the family to meet the special needs of the child; and
   D. identify the agency or agencies responsible for delivery of each of the services needed.

7. The IFSP must include:

   A. an integrated statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, including health status, based on professionally acceptable objective criteria;
   B. with the concurrence of the family, a statement of the family's priorities, resources, and concerns related to enhancing the development of the child and supporting the family;
   C. a statement of the major functional outcomes expected to be achieved, and the criteria, procedures, and timelines which will be used to determine the degree to which progress is made and whether modifications/revisions of outcomes or services are necessary;
   D. a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified which will be provided and, for each of the services:
      (1) the number of days or sessions, the length of time per session, and whether the service will be provided on an individual or group basis (frequency and intensity);
      (2) how the service will be provided (such as consultation, direct service, etc.);
      (3) the natural environments and contexts in which the services will be provided including, when appropriate, a justification of the extent to which the services will not be provided in a natural environment, including timelines;
      (4) the actual place or places where the service will be provided (location);
      (5) the payment arrangements, if any;
      (6) to the extent appropriate, non-routine medical and other services the child needs, but are not required under IDEA, Part C, the potential funding sources for those services, and the steps that will be taken to help the family obtain those services. Routine medical services (such as immunizations and "well-baby" care) should not be included, unless a child needs those services and they are not otherwise available or being provided;
      (7) the projected dates for beginning services as soon as possible after the IFSP meeting;

(8) the anticipated duration of services; and
(9) the name of the responsible service coordinator.

8. When appropriate, the steps to be taken to support the transition of the child to preschool services under IDEA, Part B, or to other appropriate community services, must also be included in the IFSP. These steps include:

   A. discussions with, and training of, family members regarding future placement opportunities and other matters related to the transition;
   B. procedures to prepare the child for changes in service delivery; including steps to help the child adjust to, and function in, a new setting; and
   C. with parental consent, the transmission of information about the child to the public educational agency, to ensure continuity of services, including evaluations and assessments, and copies of the IFSPs that have been developed and implemented.

9. The contents of the IFSP must be fully explained to the family and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention service to which parental consent is obtained must be provided.

10. The IFSP meeting must be conducted in the native language of the family or other mode of communication used by the family, such as sign language, unless it is clearly not feasible to do so.

11. Families shall have access to services and supports that:

   A. are provided in natural environments and within meaningful activities;
   B. based on the family's daily activities and routines;
   C. encourage the independence of the child and family; and
   D. promote the integration of the child and family into the community.

12. Services for a child who is AzEIP eligible, and that child's family, may begin before assessments/evaluations have been completed if the family's consent is obtained, if assessments/evaluations are completed within the 45-day timeframe, and if an interim IFSP is developed which includes:

   A. the name of the responsible Service Coordinator; and
   B. the services that have been determined to be needed immediately.

13. An interim IFSP may be developed if:

   A. the child has obvious, immediate needs that are identified; and
   B. the requirements for the timely evaluation and assessment are not circumvented.

9.11.2 Implementation Procedures

1. The IFSP team includes the family, multidisciplinary evaluation team, and, if eligible for DDD and/or another AzEIP service providing State agency, the

service coordinator or representative from each of those agencies. The IFSP team also includes advocates and other caregivers as determined by the family.

2. The service coordinator will schedule a meeting to develop the IFSP and send the family a written meeting notice with the agreed-upon date, time and location of the meeting.
3. The service coordinator facilitates the IFSP discussion in partnership with the family, the team lead, and other members of the team. Facilitation includes ensuring that everyone on the team has a voice in the discussion. The service coordinator documents the planning discussion on the IFSP form.
5. The service coordinator reviews with the family and the other IFSP team members, the family's identified priorities, resources, concerns, and interests related to their child's development and assist the family in identifying additions or changes. Discussion of family priorities, resources, concerns, and interests is voluntary and family-directed.
6. The team lead and other team members review and synthesize developmental information from assessment, evaluations, pertinent records, family report, observation, and other sources of information.
7. The IFSP team supports the family in identifying meaningful, functional outcomes for their family and child. Functional outcomes are the outcomes that the family identifies as a priority. Some examples of functional outcomes are:
   A Joey will play with his sister and with other children at home, in the park, and during child care at the YMCA by Thanksgiving.
   B. We would like Gabe to be able to use his spoon to feed himself by his next birthday.
   C. Sandra will have enough information on alternative forms of communication, so she can meet with the team to make decisions about the best means of communication for Janie at the next monthly meeting.
8. Together, the team identifies the existing opportunities and strategies related to accomplishing the outcome based on the family's routines and priorities, resources and concerns and the services needed to support attainment of the outcomes.
9. The service coordinator assists the family and team in identifying resources available to support the family in meeting their outcomes. Resources are those community help or assistance that might be used to meet the needs of the child and family.
10. The family/caregiver's needs in relation to supporting their child's developmental needs and their desired outcomes are the framework for determining the type and frequency of services.
11. Services are provided at a frequency that matches the child's and family's need

for timely, additional guidance at each visit. The IFSP team may plan for changes in frequency of services (such as a tapering of frequency) during the initial (and/or subsequent) IFSP meeting. The need to increase frequency may be evident when a child enters a new developmental phase and more frequent guidance and support is needed by the family or other caregivers involved in supporting attainment of the outcomes.

12. The IFSP team considers multiple factors when identifying appropriate intervention services. Factors include outcomes identified by the family, abilities and interests of the child, the need for technical assistance and support expressed by the family, and existing family resources and supports for attaining the outcome.
13. The IFSP team assists the family to identify their natural support systems, including neighborhood, community, and family supports; such as friends, community groups, faith-based organizations, schools, and public and private agencies that may support them in achieving their identified outcomes.
14. The service coordinator is responsible for ensuring that the child and family receive the early intervention services designated on the IFSP in a timely manner, but no later than 30 days from the date noted as the "Planned Start Date" on the IFSP. Ensuring the services can be accomplished through many means, including communicating with the team members during regularly meetings, by telephone, fax, etc.
15. The service coordinator assists the family with needed resources, such as applying for social security, obtaining medical insurance and applying for Arizona Long-Term Care Insurance. Service coordinators connect families to advocacy organizations for support and information. The community resources identified and/or existing for the family are noted in the "Other Related Services" section of the IFSP.
16. The service coordinator explains to the family their procedural safeguards and provides a written description (the Family's Handbook of Procedural Safeguards) to them. For example, the service coordinator explains that signature of the IFSP is the family's consent to initiate services and explains what the family's rights are if they disagree with team decisions and what their options are for accepting/declining services.
17. The service coordinator ensures that a written copy of the IFSP is disseminated to the family and the team lead within two weeks of development and is documented in the child's file. With parental consent, copies of the IFSP shall be sent to others involved parties, such as the primary care physician, Healthy Families, or Early Head Start.
18. The IFSP shall be maintained in the child's file by the service coordinator.

9.12.0 Identification of the Service Coordinator

9.12.1 Policy

1. Every family of a child enrolled in AzEIP has a single, designated service coordinator. For the roles and responsibilities of a service coordinator, please see Section __ *Service Coordination.*

9.12.2 Implementation Procedures

1. If the child is eligible for AzEIP only, the qualified vendor will provide service coordination.
2. If the child is eligible for DDD, the IFSP team will support the family in making an informed decision about whether they would like service coordination through DDD or the qualified vendor. The team will consider variables, such as the identified IFSP outcomes, and the services identified and the entity (DDD or the qualified vendor) best able to access the services, etc.
3. The qualified vendor, or the AzEIP service providing agency, establishes within itself one or two of the following service coordination models:
   A. team lead and service coordination fulfilled by the same individual (a.k.a. dual role), and/or
   B. service coordination and team lead functions fulfilled by two separate individuals (a.k.a. dedicated service coordination).

9.12.0 Authorization of Services

9.12.1 Policy

1. The IFSP team (i.e., the family, eth service coordinator, the team lead, and other team members) authorizes core team services.
2. The service coordinator enters the services into FOCUS which authorizes payment for the services.

9.12.2 Implementation Procedures

1. After the completion of the IFSP, the service coordinator adds the total number of units by service type over the period between IFSP development and the first scheduled review (typically six-months) and enters the information into FOCUS, which effectively authorizes the core team early intervention services.

   Example: If an IFSP team determines that an occupational therapist is a family's team lead and the team lead will meet with the family for one-hour twice a week for the first three weeks (n=6 units), one time a week for ten weeks (n=10 units), and one time every other week for 16 weeks (n=8 units), the service coordinator would authorize 24 units of occupational therapy.

2. Services by other team members (i.e. not the team lead, but other disciplines on the team) will be authorized in the same way, e.g. total number of units

anticipated between IFSP development and review or review and renewal will be totals and entered as a "block" authorization from the period, rather than in week or month increments.

3. In addition, the service coordinator will authorize 2.0 additional units of "early intervention services" (discipline not specified) during the period between IFSP development and review or review and renewal to create team flexibility for consultation with a new team member. While the IFSP must be revised to reflect the change in the plan and the family's approval of the revision, the authorization process will not delay implementation of the change.
4. If service coordination is provided by the qualified vendor, the qualified vendor must ensure that service coordination is authorized in FOCUS. On behalf of children for whom the qualified vendor provides service coordination, the qualified vendor will have access to and authority to authorize core team services.
5. If service coordination is provided by the qualified vendor, and non-core team, IDEA, Part C services are identified on the ISFP, the service coordinator must work with the designated DDD representative to authorize the non-core team services in FOCUS.
6. Services provided by DDD that are not early intervention services under IDEA, Part C may be subject to service utilization approval as appropriate under DDD policy.

9.13.0 Implementation of the IFSP

9.13.1 Policy

1. IFSP is a seamless experience for families accomplished through relationships with a minimal number of individuals accessing a breadth of expertise.
2. The AzEIP service providing agency or contractor providing service coordination shall ensure coordination with other public and private resources within the community to which the family has access and interest.
3. Team conferencing is a reimbursable activity that occurs in two ways (1) between IFSP team members and (2) between core team members on behalf of a child and family.
4. All early intervention service providers:
   A. consult with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of supports and services in all areas;
   B. keep parents and others informed regarding the provision of supports and services; and

C. participate in the integrated team's ongoing assessment of a child and the child's family, and in the development of integrated goals and outcomes for the IFSP**.**

9.13.2 Implementation Procedures

1. Through ongoing discussions with the family, the team lead identifies the natural learning opportunities which are part of the child and family's everyday activities.
2. The team lead joins the family/care providers in identifying strategies that support the child's participation within and across the family, community, and early childhood contexts which are part of the family's everyday life. Those strategies may change on a home visit with the family, as needed, and the team lead and family will formulate new strategies for meeting the outcomes on the visit.
3. Joint visits by team members are an important component of the team-based model. Some of the benefits of such visits include:
   A. families can explain their concerns once, versus having to repeat their story to different people on different days;
   B. team members can strategize with the family together, incorporating the family's goals with each member's professional expertise;
   C. team members can learn from each other as expertise is shared with the family; and
   D. a joint plan of strategies can be created during the visit.
4. Teaming occurs both formally and informally, as the team lead engages in both planned and spontaneous interactions with the other team members. Formal teaming occurs during weekly, scheduled team meetings and informal teaming may occur, for example, when members cross paths at the office.
5. The IFSP team members must communicate and consult on behalf of a family to ensure that early intervention activities are coordinated and designed to support attainment of the meaningful outcomes identified on the IFSP.
6. Consultation between IFSP team members is intended to enable non team lead members to support the team lead in exploring and incorporating developmental strategies and techniques into early intervention sessions with families and caregivers in order to ensure that development is supported as an integrated and holistic process.
7. IFSP team conferencing may include some or all IFSP team members simultaneously and, for maximum benefit, should occur weekly. The weekly discussion will not include all children and families, but only those requested by a team member to be included on the agenda or those scheduled for their periodic review (i.e. quarterly).

8. The core team members, which include the occupational therapist, physical therapist, speech-language pathologist, special instruction provider and service coordinator, will review the status of IFSP outcomes and early intervention activities of all families served by the team on at least a quarterly basis. The family will be invited to core team reviews for their family.
9. Although not all core team members may be on the family's IFSP team, the quarterly core team review is intended to ensure that each family and each IFSP team has the access and opportunity to involve the other core team disciplines in strategizing and problem-solving.
10. If the team lead determines that the core team review must happen sooner than the quarterly timeline, the team lead shall contact the meeting organizer and request that the family be added to the core team weekly agenda. Once discussed, the family's IFSP will be scheduled for a quarterly review three months from the last core team review, unless the team lead identifies a need to discuss the IFSP sooner. The team lead will identify the need for involvement from the psychologist, and/or social worker and the meeting organizer will schedule as appropriate.
11. If the team lead finds that suggestions and strategies are repetitive from session to session or that additional information or guidance is not required, the team lead should reconvene the IFSP team and determine if:

    A. the outcome has been met;
    B. the outcome is no longer a priority for the family; or
    C. the outcome has not been met and is still important to the family, but team members must identify new ideas and strategies to support the outcome. This may result in a decision to change the type and frequency of service.

6. The service coordinator and team members coordinate early intervention with community resources, medical and health providers, education and Early Head Start programs, and other programs that support children and families, as discussed and agreed upon with the family.
7. The service coordinator has monthly contact with the family to follow-up on the resources previously identified for the family and to help identify any new resources that the family might need. Discussions during these calls may be, for example, to inquire on whether a family was successful in applying for SSI or WIC, and if they need further assistance. A monthly call also might reveal new circumstances, such as the family no longer has health insurance. The service coordinator can assist the family in finding public or private health insurance depending on the circumstances of the family.
8. By helping the family identify and access community help and assistance, the service coordinator is helping the family build a resource network, which will support the family on an ongoing basis. This resource network is an interdependent community for the family, versus leading a family to become dependent on professionals.

9.14.0 Natural Environments

9.14.1 Policy

1. Early intervention services must to the maximum extent appropriate, be provided in the natural environment and contexts. Natural environments are those settings that are natural or normal for the child's age peers who have no disabilities.
2. To the extent a service is not provided in the natural environment, there must be justification for the decision with a timeline to bring the service into the natural environment.

9.14.2 Implementation Procedures

1. The services provided by all team members occur in a variety of natural environments depending upon the families' daily routines, activities, and available community supports. Examples of activities in natural environments include going to the park, visiting relatives, going shopping, playing at home, participating in children events at libraries and attending child care.
2. In the rare instance when the outcomes cannot be met in a natural environment, clinic or center-based intervention may be provided on a time-limited basis and only after establishing a plan for transitioning intervention into natural settings.
3. The reasons for not providing services in the natural environment and the timeline for returning to the natural environment shall be documented on the IFSP. The timeline should be no longer than 3 months.
4. Early intervention team members help the family identify natural learning opportunities and use those toys or items already present in the child and family's environment to provide early intervention services. If the team members and family determine that additional toys or items would be useful to expand the learning opportunities for the child, the team member and service coordinator work together to assist the family in obtaining such items through existing community resources, such as a toy lending library, donation center (such as Goodwill), and/or church.

9.15.0 Review of the IFSP

9.15.1 Policy

1. The IFSP team will review the IFSP for each child and the child's family every six months or more frequently if conditions warrant, or if a team member requests a review. The review looks at the progress being made on the outcomes and determines whether modifications or revisions of the outcomes and/or supports and services are needed.
2. A new IFSP shall be developed annually, or more frequently if needed, in accordance with the process described in Section 9.90 the Assessment, and

Section 9.10.0, Development of the IFSP.

9.15.2 Implementation Procedures

1. At the IFSP review, the team will consider:
   A. The degree to which progress toward achieving the outcomes is being made; and
   B. Whether modification or revision of the outcomes and/or supports and services is necessary.
2. If modifications are made to the IFSP, the service coordinator must ensure that procedural safeguards are explained and provided, and that the family consents to the revisions.
3. The team recognizes that missed appointments and limited caregiver participation in early intervention sessions are cues that discussion is needed with the family to determine if/why the outcomes or services are not meeting their needs and/or what barriers exist to keeping scheduled appointments or participating in sessions. In the event that a family misses two consecutive sessions without notifying the provider (i.e., no shows), the team lead shall contact the service coordinator so that the service coordinator can contact the family to discuss whether changes to the IFSP are needed to better respond to the family's priorities, resources and concerns.

9.16.0 Redetermination of Eligibility

9.16.1 Policy

1. AzEIP ensures that evaluation procedures are used in accordance with the policies and procedures set out earlier in this chapter to determine a child's initial and continuing eligibility in early intervention.

9.16.2 Implementation Procedures for Children Eligible for DDD and/or AzEIP

1. If the IFSP team suspects that a child is functioning near or at appropriate developmental levels, the team lead and service coordinator will plan and conduct or coordinate evaluation of the child's continuing eligibility for AzEIP and DDD as described previously in this chapter.
2. If a child is found to no longer meet AzEIP eligibility criteria, the service coordinator will implement all the required AzEIP and, if applicable, DDD procedures, specifically Prior Written Notice, to inform the family of the findings and provide procedural rights and safeguards.
3, The service coordinator also assists the family with accessing other community supports and referrals as needed, such as for Early Head Start, preschool and/or child care.

9.17.0 Transition to Preschool or Other Appropriate Programs

9.17.1 Policy

1. A child and family's transition shall be efficient and seamless, working in concert with the designated service coordinator (e.g., transition out of early intervention services, to another early intervention provider, or to preschool, etc.).

9.17.2 Implementation Procedures

1. The service coordinator facilitates the transition for children and families from early intervention to preschool, or other appropriate services, or when the family or child moves.
2. If the child is potentially transitioning to Part B, preschool, the service coordinator facilitates the transition in accordance with the Transition Intergovernmental Agreement (Transition IGA) between the Department of Economic Security and the Arizona Department of Education. The service coordinator fulfills all responsibilities designated in the Transition Intergovernmental Agreement for the "AzEIP service coordinator." A copy of the Transition IGA is in Appendix __.
3. The team lead will participate in the transition process and fulfill all responsibilities designated for the "provider from the family's IFSP" identified in the Transition IGA.
4. The qualified vendor is responsible to notify the appropriate public education agency (PEA) as described in the Transition IGA for children who are AzEIP only eligible. DDD will notify the appropriate PEA of children eligible for DDD.

9.16.0 Definitions

1. ASDB eligibility
2. ADHS Eligibility
3. Assessment means ongoing procedures used by appropriate, qualified personnel throughout a child's period of eligibility to identify:
   A. the child's unique strengths and needs and the services appropriate to meet those needs; and
   B. the resources, priorities and concerns of the family and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.
4. AzEIP Eligibility The State of Arizona in A.R.S. §8-651 defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.
   A. A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
      (1) physical: fine and/or gross motor and sensory (includes vision and hearing);
      (2) cognitive;
      (3) language/communication;
      (4) social or emotional; or
      (5) adaptive (self-help).
   B. Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; metabolic disorders; hydrocephalus; neural tube defects (*e.g.*, spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; significant auditory impairment; significant visual impairment; failure to thrive; and severe attachment disorders.
   C. The state's definition of "eligible child" does not include children who are at risk of having substantial delays if early intervention services are not provided.
5. AzEIP service providing agencies includes the Arizona Department of Economic Security/Division of Developmental Disabilities, the Arizona State Schools for the Deaf and the Blind, the Arizona Department of Health Service/Office of Children with Special Healthcare Needs, and each of their employees and contractors providing early intervention supports and services.
6. Core Team - The following constitutes a core team:
   A. occupation therapist;
   B. physical therapist;

C. service coordinator;
D. speech-language pathologist; and
E. special instruction provide (a.k.a. early interventionist/developmental specialist/Parent Advisor).

7. DDD Eligibility

As set out in A.R.S. 36-551(17), a child has a developmental disability when there is either (1) a strongly demonstrated potential that a child under the age of six years is developmentally disabled or will become developmentally disabled, as determined by a test performed pursuant to section 36-694 or by other appropriate tests, or (2) the child has a severe, chronic disability which:

A. Is attributable to mental retardation, cerebral palsy, epilepsy or autism.
B. Is manifest before age eighteen.
C. Is likely to continue indefinitely.
D. Results in substantial functional limitations in three or more of the following areas of major life activity:
   (1) Self-care.
   (2) Receptive and expressive language.
   (3) Learning.
   (4) Mobility.
   (5) Self-direction.
   (6) Capacity for independent living.
   (7) Economic self-sufficiency.
E. Reflects the need for a combination and sequence of individually planned or coordinated special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration.

Additionally, Arizona Administrative Code, R6-301, provides that:

A. a child under the age of six years may be eligible for service if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests. To be eligible for Division services, a child from age 0-6 shall:
   1. Have a diagnosis of cerebral palsy, epilepsy, autism, or mental retardation;
   2. Be at risk for becoming developmentally disabled on an identified delay in one or more areas of development or if there is a likelihood that without services the child will become developmentally delayed or disabled; or
   3. Have demonstrated a significant developmental delay as determined in one or more area of development as measured on a culturally appropriate and recognized developmental assessment tool. Eligibility is exclusive of cultural or environment factors.

B. Developmental delay shall be determined by a physician or person formally trained in early childhood development who evaluates the child through the use of culturally appropriate and recognized developmental tools and informed clinical opinion.

8. Early Intervention Services are appropriate and authorized services, which assist families in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life. Supports and services are provided in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment.

9. Evaluation means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:

   A. a review of existing information about the child;
   B. a decision regarding the need for additional information;
   C. if necessary, the collection of additional information; and
   D. a review of all information about the child and a determination of eligibility for special education services and needs of the child.

   A.A.C. R7-2-401 (B)(12).

10. Individualized Family Service Plan (IFSP) is a written plan developed by a multidisciplinary team, including the parent (as defined in Section 4.15), which includes statements of:

    A. the child's present levels of development;
    B. with the concurrence of the family, the family's priorities, resources and concerns related to enhancing the development of the child;
    C. the major outcomes expected;
    D. the specific early intervention services necessary, and the method and environments of service provision;
    E. the projected dates of service;
    F. the name of the Service Coordinator; and
    G. the transition plan.

6. IFSP Team are those team members identified on the IFSP Services and Supports Pages to support the family and child in meeting the outcomes of the family.

7. Initial Planning Process is the events and activities involved from the time from a referral to AzEIP through the initial IFSP meeting with the family.

12. Multidisciplinary Team as defined in 34 C.F.R. §303.17 means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in 34 C.F.R. §303.322 and development of the IFSP in 34 C.F.R. §303.342.

13. Initial referral is the first time a child, birth to three, is referred to the Department of Economic Security, Division of Developmental Disabilities for the purpose of

determining if s/he is eligible for AzEIP and/or Department of Economic Security, Division of Developmental Disabilities as a child with a developmental delay or disability and who might require early intervention. The "initial referral" is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number. The "initial referral" does not require the completion of an AzEIP or application for the Department of Economic Security, Division of Developmental Disabilities.

14. Screening refers to informal and formal procedures to identify concerns in a child's development that may indicate that the child is a child with a developmental delay or disability as defined by the State of Arizona and, therefore, may the need for an evaluation to determine eligibility for early intervention services. Screening may include observations, family interviews, review of medical or developmental records, or administration of specific screening instruments.

Team Member Roles and Responsibilities

Team Lead Responsibilities

1. Review all available referral materials, such as developmental and/or medical records.
2. Coordinate scheduling of the initial meeting with family to enable involvement of the DES/DDD service coordinator.
3. Implement screening, if necessary, to determine if the child is suspected of having an developmental disability or delay and needs further evaluation.
4. Explain and provide written description of the Procedural Rights and Safeguards
5. Obtain parental consent for evaluation and permission to request and release records and forward parents' written consent to service coordinator.
6. Conduct evaluation and make a decision of AzEIP eligibility in coordination with another team member representing a different discipline and the DDD service coordinator.
7. Facilitate and document discussions with family about their priorities, resources concerns and interests related to their child's development.
8. Facilitate planning and implementation of multidisciplinary evaluation and assessment of all areas of development, including involvement of other team members, and tools, to be used.
9. Conduct evaluation and assessment, as needed.
11. The team lead assumes primary responsibility for synthesizing information from and coordinating with the other team members to ensure an integrated approach focusing on the functional outcomes.
12. Write a single, team evaluation and assessment report that synthesizes information from all team members; facilitate review and finalization process, including signatures;
13. Working with DDD and other team members, determine AzEIP and DES, Division of Developmental Disabilities eligibility based on review and synthesis of developmental information from assessment, evaluations, pertinent records, family report, observation, and other sources of information. Facilitate team consensus regarding eligibility.
14. Implement early intervention services and strategies in a holistic, integrated, culturally and linguistically appropriate manner, that supports children and families in reaching their functional IFSP outcomes.
15. Facilitate direct involvement and consultation from other team members consistent with IFSP goals and objectives to ensure that early intervention activities and strategies are tailored appropriately to facilitate attainment of the IFSP outcomes and reflect the priorities of the family.
16. When other IFSP team members are involved directly with the family independent of

the team lead, the team lead ensures that information about services, strategies, progress are shared and remain focus on the functional IFSP outcomes.

17. Identify and implement strategies that support attainment of the IFSP outcomes.
18. Document activities, discussions and progress toward outcomes.
19. Communicate with other team members, and synthesize and document progress toward IFSP outcomes in quarterly, integrated progress reports and in preparation for annual IFSP and IFSP reviews. Submit progress reports to the child's service coordinator and other team members.
20. Act as liaison between the family and team members ensuring that the team members are aware of the family's changing priorities and needs, and, as appropriate the need to reconvene the IFSP team more frequently than required 6-month intervals.
21. If the team lead changes to reflect new priorities and IFSP outcomes, facilitate transition to new team lead.
22. Plan and participate in transition activities as outlined in the ADE and DES IGA. Fulfill the role of "representative of the family's IFSP."

Other Team Member Responsibilities

1. Participate in the planning of evaluation and assessment activities, tools, strategies, etc.
2. Conduct evaluation and assessment as described in by the planning process above.
3. Submit written evaluation and assessment information to be included in a single integrated report; review assessment and evaluation report; sign report.
4. Make a recommendation of AzEIP and DDD eligibility.
5. Participate in the development of the initial IFSP for eligible children.
6. Provide support and consultation to team lead as identified on the IFSP.
7. Provide early intervention services as described on the IFSP.
8. Identify strategies that address all developmental domains and support attainment of the IFSP outcomes and support the family and team lead in implementing.
9. Review and, if appropriate, contribute to quarterly integrated progress reports.
10. Participate in the annual IFSP and 6-month reviews or more often if needed.
11. Participate in transition as appropriate to support the team lead in fulfilling role of "representative of the family's IFSP" as outlined in the ADE and DES IGA.

Service Coordinator Responsibilities

1. Act as the service coordinator through the initial planning process and, if eligible, implementation of the IFSP;

2. Explain and provide AzEIP's written description of procedural rights and safeguards to families at specifies decision points as required by IDEA, Part C;
3. Provide Prior Written Notice as required by IDEA, Part C and AzEIP
4. With written parental consent, gather medical, health, developmental, and any other records that may support a decision of AzEIP and DDD eligibility;
5. If the child is a ward of the State at the time of referral, the service coordinator will coordinate with the CPS case manager to determine who will represent the child's educational interests under IDEA, Part C;
6. If the child needs a surrogate, the service coordinator will work with the AzEIP Program Coordinator to identify a surrogate parent.
7. If evaluation is needed to determine eligibility, work closely with the team lead and participate in evaluation planning to ensure that the information gathered will support a decision of eligibility for AzEIP and DDD and meets the requirements of IDEA, Part C.
8. Ensure that each family is informed of all State and community resources and opportunities in which they are potentially interested and eligible. Facilitate referral if requested by the family.
9. Review all records, assessment and evaluation information and initial planning process information to participate in the team decision process for determining eligibility for AzEIP and DDD.
10. Document the decisions of eligibility and share with the family and team lead.
11. When the child is eligible, schedule the IFSP with the family, team lead, other team members involved in the assessment and evaluation, personnel from other AzEIP service providing agencies, if appropriate, and others, as appropriate.
12. If the child is eligible, facilitate the IFSP planning discussion, which is documented by the service coordinator.
13. Participate in the development of the initial IFSP, including documentation of the discussion and completion of the IFSP documents.
14. Facilitate the discussion of the annual and 6-month IFSP reviews, or more frequently as needed, for documentation by the service coordinator.
15. Identify and coordinate timely access to professionals who will provide other early intervention services identified on the IFSP, but not procured through the core team:
    a. Coordinate services across team members and across agency lines;
    b. Serve as a single point for families to obtain all of the Part C services identified on the IFSP;
    c. Monitor the delivery of all services identified on the IFSP;
    d. Document service coordination and service delivery; and
    e. Facilitate the transition to Part B or other appropriate services as outlined in the

IGA between DES and ADE. The service coordinator must fulfill all roles and functions designated for the AzEIP service coordinator.

16. If the service coordination transfers between the DDD and the qualified vendor, the service coordinators ensure a successful transition of service coordination functions and records.
17. Enter data into FOCUS.

DES, Division of Developmental Disabilities Representative (beyond service coordination) Responsibilities – Central Referral

1. Receive referrals from the community.
2. Enter referral data into FOCUS.
3. Make initial contact with the family within two (2) working days of the initial referral to confirm receipt of the referral, briefly describe the purpose of early intervention and the early intervention process, verify family interest in early intervention, and if interested, explore if the family has a preference for qualified vendors in the family's area.
4. Designate the qualified vendor that will continue the initial planning process and transmit all referral information, including information gathered during the initial conversation with the family.
5. Authorize initial planning process unit.;
7. Fulfill Child Find IGA requirements.
8. When the qualified vendor provides service coordination, a DDD representative will review all records, assessment and evaluation information and initial planning process information to participate in determining eligibility for DDD.